DOCUMENT RESUME

ED 104 469 JC 750 257

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TITLE Developing Minimal Health Services Standards for Florida Junior/Community Colleges.
INSTITUTION Florida Junior Coll., Jacksonville.
PUB DATE 1 Apr 75
NOTE 11p.

EDRS PRICE MF-$0.76 HC-$1.58 PLUS POSTAGE
DESCRIPTORS First Aid; Guidelines; *Health Education; Health Personnel; *Junior Colleges; Medical Services; Medical Treatment; Program Coordination; *School Health Services; *School Nurses; *Statewide Planning
IDENTIFIERS *Florida

ABSTRACT

Because little effort has been made to establish general guidelines for health services in Florida's community college system, the services provided by the 28 autonomous community colleges are dissimilar. A recent survey showed that only 10 of the 28 colleges had a nurse available. There was an exceptional need for coordination and cooperation among the institutions. Two years ago, a seven-member statewide committee was established to explore the problem of providing health services with the resources at hand and to develop funding sources. This report presents the results of their work: a statement of the purpose of community college health programs; recommendations for a minimal health services program at all Florida community colleges; and suggestions for the implementation of each recommendation. According to the committee, a two-year college health program must include emergency care, health education, evaluation of individual health problems, and heart risk factor clinics, aw well as other activities of a public health nature. The health program should be an integral part of the college's teaching-learning process. (Author/DC)

ED104469

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DEVELOPING MINIMAL HEALTH SERVICES STANDARDS FOR FLORIDA JUNIOR/COMMUNITY COLLEGES

by

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April 1, 1975

JC 750 257

DEVELOPING MINIMAL HEALTH SERVICE STANDARDS FOR FLORIDA JUNIOR/COMMUNITY COLLEGES

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Florida's community college system consists of 28 autonomous institutions situated in key points throughout the state. Local appointive boards deal with institutional policy. However, a Division of Community Colleges at the state level sets general policy and exercises fiscal control. Funding is almost totally from state sources.

Until this point in time little effort had been made to establish general guidelines for health services. As a result there were, and still are, large differences among community colleges' efforts.

It is difficult to predict the type or extent of services by size or location of an institution. Many of the smaller, rural colleges have well developed programs while certain of the urban, multi-campus colleges have minimal services.

As previously mentioned there is great diversity. A recent survey showed only 10 of the 28 colleges with a nurse available. The majority of the community colleges utilize persons such as career staff, faculty, or security officers. As can be seen there is an exceptional need for coordination and certainly for cooperation among the institutions.

In an attempt to share ideas and to obtain some data as to where the system stood in the health services area, two years ago the state department of education conducted a community college health services workshop. This meeting brought together persons who dealt with the

health programs, many of whom had the assignment as a collateral duty.

Considerable information was exchanged regarding activities. Among examples were:

1. Health Fairs - bringing a variety of health services to the students.
2. Drug Abuse Programs - utilizing peer counseling to assist those desiring help.
3. Emergency Care Training - teaching skills needed for emergency care of injured until professional help could be obtained.
4. Workshops on birth control, and
5. Blood Drives.

Perhaps the most important outcome was a suggestion for establishment of a statewide committee to explore the problem of providing health services with the resources at hand, and to try to develop funding sources. However, emphasis was on making maximum use of present resources.

The committee, with representatives of small and large institutions throughout the state, has been in operation for two years. As a result of their work; a statement of purpose has been adopted, a minimal health services program has been recommended, and suggestions have been made for implementation.

STATEMENT OF PURPOSE

The community college health program can, and should be a part of the total teaching-learning process of the college. Problems arise when the service is viewed only as one for first aid.

In reality a health program in a two-year college includes emergency care, health education, evaluation of individuals' health problems which result in proper referral for treatment off-campus, and heart risk factor clinics, as well as other activities of a public health nature.

The health program for each college should be under the guidance of a health coordinator. In addition to providing emergency care, the health coordinator would serve in a variety of roles: educator, administrator, counselor, and innovator of new programs. This necessitates a commitment to the total college health needs.

In summary, the health program should be an integral part of the teaching-learning process. There must be carefully defined goals and objectives which are accepted and supported by the college. These goals should help achieve the larger, more comprehensive goals of the college itself.

RECOMMENDATIONS AND IMPLEMENTATIONS SUGGESTED

It is recommended that, colleges be encouraged to advise students of the necessity for having health and accident insurance.

Implementation suggested

1. Colleges are encouraged to explore, select, and make a program of health and accident insurance available to all students.
2. Colleges that already have insurance available are encouraged to advertise the program in their student handbook, catalog, through orientation course (or other appropriate courses), and with mailouts.

3. Exploration of a statewide plan for all community colleges is encouraged.
4. It is strongly urged that health and accident insurance be considered a necessity for foreign students.
5. Colleges are encouraged to require students to purchase insurance when traveling on college activities.

It is recommended that, each institution have a written statement of policy regarding procedures for administering first aid and for emergency cases. This policy statement should name the person(s) responsible for rendering assistance and the process for handling emergencies. Short, in-service training for faculty and staff in how to deal with emergencies should be conducted. (Colleges which have written policies should review these.)

Implementation suggested

1. A statement of policy should be published in the college's catalog, student handbook, and made a part of the application.
2. A written statement of emergency procedures should be placed on or near each phone and bulletin board in the college.
3. A brochure or memorandum should be published on "How to Handle Emergencies."
4. An annual refresher course should be held for those who are assigned the task of emergency assistance.
5. A course or workshop should be held each term for faculty and others who are concerned with emergency assistance.
6. Use should be made of professional development funds to

provide instructional materials for those engaged in training sessions.

7. First aid kits should be available in each building or major building sub-division on the college campus. These should be clearly marked with decals or painted symbols.
8. A universal symbol for handicapped persons should be adopted systemwide and used to identify parking and facilities for such persons.

It is recommended that, students be advised regarding services available to them on campus and in the community. A referral list should be prepared and distributed to students.

Implementation suggested

1. Services available should be published to students through orientation courses or another appropriate course within the college.
2. Services available should be published in the catalog.
3. A brochure or, at minimum, a list with description of services should be published and distributed.

It is recommended that, a variety of health education experiences be provided to include but not be limited to:

1. Short courses
2. Non-credit courses
3. Workshops
4. Health fairs
5. Rap sessions

Implementation suggested

1. Activities should be extended to include such items as establishment of blood reserve funds, breast self-examination training, and rape prevention.
2. Programs such as Health Fairs be rotated with other activities to create greater interest.
3. Workshops utilizing consultants should be video taped, where possible, and be made available for later viewing through media centers.

It is recommended that, a clearing house for health services information be established and operated on a continuing basis.

Implementation suggested

1. The State Department of Education has been designated as the clearing house. Colleges should forward materials of value for inclusion in a health services library.
2. A statewide newsletter should be published and distributed regarding resource materials and programs of interest.
3. Colleges should explore various nationwide newsletters as resource materials.

It is recommended that, the college establish a policy concerning collection and distribution of medical information about students and review this policy periodically.

Implementation suggested

1. Recent federal and state laws should be reviewed to determine to what extent the college is able to circulate health

information about a student.

2. If found necessary, a limited student waiver should be considered in order that the student's instructors be aware of any serious medical condition.

It is recommended that, those persons working in the health services area establish a close relationship with the faculty as well as personnel from the counseling center, community services and physical education programs.

Implementation suggested

1. Colleges should utilize joint committees, where possible, in accomplishing this goal.

It is recommended that, a health coordinator be appointed on each campus to coordinate health activities on that campus and to maintain contact with the community.

Implementation suggested

1. The person designated in the statewide directory should maintain close contact with the State Department of Education and the Health Services Committee.
2. Input is sought from all colleges regarding college activities as they relate to the college's relationships with community agencies.

It is recommended that, resources be provided at a level necessary to accomplish these tasks.

Implementation suggested

1. The concept of utilizing regional drive-in workshops should be explored.
2. Investigation should be made of having one day health services workshops just prior to other statewide meetings.

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CLEARINGHOUSE FOR
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